

311 - AHCCCS COMPLETE CARE (ACC) PROGRAM TIERED RECONCILIATION

EFFECTIVE DATE: 10/01/18

APPROVAL DATE: 10/18/18

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC) Contractors. The purpose of this Policy is to outline the process and Contractor requirements regarding the ACC Program Tiered Reconciliation. The reconciliation applies to dates of service effective on and after October 1, 2018 and is based upon prior coverage (PPC) and prospective Medical Expense and PPC and prospective Net Capitation as described in this Policy. AHCCCS will recoup/reimburse a percentage of the Contractor's profit or loss for all risk groups as described below using a tiered approach. All profit/loss sharing is based on adjudicated encounter data and Subcapitated/Block Purchase Expense reports. This reconciliation is performed annually on a Contract year basis.

II. DEFINITIONS**ACCESS TO
PROFESSIONAL
SERVICE
INITIATIVE
(APSI)**

APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractor's rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated hospitals who meet the definition outlined in ACOM Policy 325.

**ADMINISTRATIVE
COMPONENT**

The administrative component is equal to the administrative Per Member Per Month (PMPM) awarded to the Contractor including any administrative adjustments deemed necessary by AHCCCS during the capitation rate setting process multiplied by the actual member months for the contract year being reconciled. For any rates that are not bid by the Contractor, but are set by AHCCCS, the administrative component is equal to the administrative PMPM built into the capitation rates multiplied by the actual member months for the contract year being reconciled.

**HEALTH INSURANCE
PROVIDER FEE (HIPF)
CAPITATION
ADJUSTMENT**

An amount equal to the capitation adjustment for the year being reconciled that accounts for the Contractor's liability for the excise tax imposed by section 9010 of the Patient Protection and Affordable Care Act and the premium tax and any other state or federal taxes associated with that portion of the capitation rate.

MEDICAL EXPENSE

PPC and prospective expenses reported through **fully adjudicated encounters** and subcapitated/block purchase expense incurred by the Contractor for covered services with dates of service during the contract year being reconciled. This will exclude Access to Professional Services Initiative (APSI) expenses.

NET CAPITATION

PPC and prospective capitation, risk adjusted if applicable, plus Delivery Supplemental payments, less the administrative component, the health insurance provider fee capitation adjustment, APSI capitation and the premium tax component. An amount equal to the Alternative Payment Model (APM) Withhold shall be deducted from prospective capitation. Refer to ACOM Policy 306 for the definition and computation of the APM Withhold and ACOM 325 for the calculation of APSI capitation.

NON-CAPPED NEWBORN EXPENSES

In accordance with the AHCCCS Complete Care contract, Contractors must notify AHCCCS of a newborn born to an AHCCCS mother within one day of the date of birth. When notification is received timely, the Contractor receives capitation retroactive to the birth date. When notification is received late, the Contractor receives capitation beginning on the date of notification, but expenses must be covered by the Contractor back to the date of birth. Encounters for dates of services from the date of birth to the day before a late notification are considered non-capped expenses, and are excluded from capitation rate development and reconciliations.

PREMIUM TAX

The premium tax is equal to the tax imposed pursuant to A.R.S. §36-2905 and §36-2944.01 for all payments made to Contractors for the Contract Year.

PRIOR PERIOD COVERAGE (PPC)

The period of time prior to the member's enrollment, during which a member is eligible for covered services. The timeframe is from the effective date of eligibility to the day a member is enrolled with a Contractor. Refer to 9 A.A.C. 22 Article 1. If a member made eligible via the Hospital Presumptive Eligibility (HPE) program is subsequently determined eligible for AHCCCS via the full application process, prior period coverage for the member will be covered by AHCCCS fee for service and the member will be enrolled with the Contractor only on a prospective basis.

REINSURANCE

For purposes of this reconciliation, reinsurance means the actual reinsurance payments received by the Contractor as the result of medical expense incurred by the Contractor for covered services with dates of service during the contract year being reconciled.

**SUBCAPITATED/BLOCK
PURCHASE EXPENSE**

Expenses incurred by the Contractor as payments to a provider under a subcapitated or block purchase arrangement. The subcapitated/block purchase expenses used in this reconciliation are reported by the Contractor through quarterly financial reports in the format required by AHCCCS. The reported expenses are attested annually by an independent auditor and documented in the Contractors' Audit Report.

**TIERED RECONCILIATION
RISK GROUPS (OR RISK
GROUPS)**

Populations subject to this tiered reconciliation include all risk groups except State Only Transplants. Covered service expenses incurred for non-capped newborns and all others in a non-capped status (contract type N) are excluded from this reconciliation.

III. POLICY
A. GENERAL

1. The ACC Program tiered reconciliation shall be performed as described below. The amount due from or due to the Contractor as the result of this reconciliation will be based on aggregated profits and losses across all of the Tiered Reconciliation Risk Groups as described below.
2. The reconciliation will limit the Contractor's profits and losses to the percent of Net Capitation according to the following schedule:

PROFIT	CONTRACTOR SHARE	STATE SHARE	MAX CONTRACTOR PROFIT	CUMULATIVE CONTRACTOR PROFIT
<= 2%	100%	0%	2%	2%
> 2% and <= 6%	50%	50%	2%	4%
> 6%	0%	100%	0%	4%

LOSS	CONTRACTOR SHARE	STATE SHARE	MAX CONTRACTOR LOSS	CUMULATIVE CONTRACTOR LOSS
<= 2%	100%	0%	2%	2%
> 2%	0%	100%	0%	2%

Profits in excess of the percentages set forth above will be recouped by AHCCCS.
Losses in excess of the percentages set forth above will be paid to the Contractor.

B. AHCCCS RESPONSIBILITIES

1. No sooner than six months after the end of the period to be reconciled, AHCCCS shall perform an initial reconciliation of actual Medical Expense to Net Capitation and Reinsurance, as follows:

Profit/Loss to be reconciled = Net Capitation – Medical Expense –
Subcapitated/Block Purchase Expense + Reinsurance payments.

Profit/Loss % = Profit/Loss to be reconciled divided by Net Capitation.

Attachment A provides an example of the tiered reconciliation calculation.

2. AHCCCS will utilize only Medical Expense supported by fully adjudicated encounters and Subcapitated/Block Purchase Expense reported by the Contractor to determine the expenses subject to reconciliation. The enhanced portion of a payment for APSI that is subject to a unique reconciliation as outlined in ACOM Policy 325 will also be excluded from this reconciliation.
3. AHCCCS will utilize amounts paid to the Contractor for Reinsurance as of the date the reconciliation is processed to determine profit/loss to be reconciled.
4. AHCCCS will compare fully adjudicated encounters and audited self-reported Subcapitated/Block Purchase Expense information to financial statements and other Contractor submitted files for reasonableness.
5. AHCCCS will provide the Contractor the data used for the initial reconciliation and provide written notice of the deadlines for review and comment by the Contractor. Upon completion of the review period, AHCCCS will evaluate Contractor comments and make any adjustments to the data or reconciliation as warranted. AHCCCS may then process partial distributions/recoupments through future monthly capitation payments.
6. A final reconciliation will be performed no sooner than 15 months after the end of the period to be reconciled. This will allow for completion of the claims lag, encounter reporting, and Reinsurance payments. AHCCCS will provide the Contractor the data used for the final reconciliation and written notice of the deadline for review and comment by the Contractor. Upon completion of the review period, AHCCCS will evaluate Contractor comments and make any adjustments to the data or reconciliation as warranted in order to pay or recoup within two years of the end of the contract year.
7. Any amount due to or due from the Contractor as a result of the final reconciliation that was not distributed or recouped as part of the initial reconciliation will be paid or recouped through a future monthly capitation payment.

8. AHCCCS may include adjustments to the initial reconciliations to account for completion factors.

C. CONTRACTOR RESPONSIBILITIES

1. The Contractor shall submit encounters for Medical Expenses and those encounters shall reach fully adjudicated status by the required due dates. AHCCCS will only utilize fully adjudicated encounters reported by the Contractor to determine the Medical Expenses used in the reconciliation.
2. The Contractor shall maintain financial statements that separately identify all risk group transactions, and shall submit such statements as required by contract and in the format specified in the AHCCCS Financial Reporting Guide for ACC Contractors.
3. The Contractor shall monitor the estimated ACC program tiered reconciliation receivable/payable and record appropriate accruals on all financial statements submitted to AHCCCS on a quarterly basis as specified in the AHCCCS Financial Reporting Guide for AHCCCS Complete Care Contractors and as specified in Contract.
4. It is the Contractor's responsibility to identify to AHCCCS any encounter data issues or necessary adjustments associated with the initial reconciliation by the deadlines for review and comment. It is also the responsibility of the Contractor to have any identified encounter data issues corrected and adjudicated no later than 15 months from the end of the period being reconciled. AHCCCS will not consider any data for reconciliations submitted by the Contractor after these timeframes. Any encounter data issues identified that are the result of an error by AHCCCS will be corrected prior to the final reconciliation.
5. The Contractor shall submit any additional data as requested by AHCCCS for reconciliation purposes (e.g. encounter detail file, Reinsurance payments, etc.).
6. The Contractor shall report all Subcapitated/Block Purchase Expense in a format requested by AHCCCS. Subcapitated/Block Purchase encounters should have a CN 1 code of 05 and a paid amount of \$0 for all encounters. All Subcapitated/Block Purchase encounters that have a health plan paid amount greater than \$0 will be excluded from the reconciliation expenditures.
7. If the Contractor performs recoupments/refunds/recoveries on claims, the related encounters shall be adjusted (voided or void/replaced) pursuant to ACOM Policy 412. AHCCCS reserves the right to adjust any previously issued reconciliation results for the impact of the revised encounters and recoup any amounts due AHCCCS. If the Contractor does not submit the revised encounters within the required timeframe, AHCCCS may impose Administrative Action on the Contractor for failure to meet the requirements of this Policy.